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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 02-03 | 2. STATE NC |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE January 12, 2002 | |

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201 | 7. FEDERAL BUDGET IMPACT: a. FFY 02 \$ 0 b. FFY 03 \$ 0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Section 10, Page 1 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Section 10, Page 1 |

10. SUBJECT OF AMENDMENT:

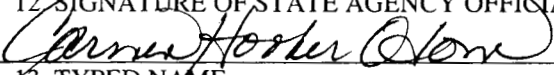
Dental Fee Schedule Payments

11. GOVERNOR'S REVIEW (Check One):

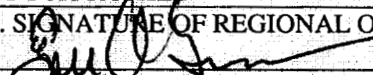
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED: Not Required

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001 |
| 13. TYPED NAME: Carmen Hooker Odom | |
| 14. TITLE: Secretary | |
| 15. DATE SUBMITTED: February 6, 2002 | |

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| FOR REGIONAL OFFICE USE ONLY | |
| 17. DATE RECEIVED: February 14, 2002 | 18. DATE APPROVED: July 3, 2002 |

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| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: January 12, 2002 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Eugene A. Grasser | 22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations |
| 23. REMARKS: | |

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

10. Dental services.

Payments for dental services shall be equal to the lower of the submitted charge or the appropriate fee from the fee schedule in effect on January 1, 1995, except for payments to the University of North Carolina Dental School which will be reimbursed at cost and cost settled at year end.

- A. Annual fees are increased each January 1 based on the forecast of the Gross National Product (GNP) Implicit Price Deflator, but not to exceed the percentage increase granted by the North Carolina State Legislature.
- B. For calendar year 2002 only, the Division of Medical Assistance shall increase dental fees based on access to care in lieu of inflationary increases.
- C. Fees for new services are established based on the fees for similar existing services. If there are no similar services the fee is set at 75 percent of the estimated average charge.
- D. Fees for services deemed to be associated with adequacy of access to health care services may be increased or decreased based on administrative review. The service must be essential to the health needs of the Medicaid recipients, no other comparable treatment available and a fee adjustment must be necessary to maintain dental participation at a level adequate to meet the needs of Medicaid recipients.

TN. No. 02-03
Supersedes
TN. No. 94-34

Approval Date JUL 03 2002

Eff. Date 1/12/02